

CUSTOMER NO.: 24498

PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) PU010250
	In re Application of Robert Alan Pitsch et al.	
	Application Number 10/007,864 Filed November 8, 2001	
	For ELECTRICAL STATIC DISCHARGE (ESD) PROTECTION CIRCUIT FOR MODEMS	
	Art Unit 2644	Examiner Daniel Swerdlow

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |  |          |
|--|----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))             | \$ _____ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))          | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))           | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))           | \$ _____ |
- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.  
 A check in the amount of the fee is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director has already been authorized to charge fees in this application to a Deposit Account.  
 The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-0832.  
 I have enclosed a duplicate copy of this sheet.  
 I am the  applicant/inventor.  
 assignee of record of the entire interest. See 37 CFR 3.71  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
 attorney or agent of record. Registration Number \_\_\_\_\_  
 attorney or agent under 37 CFR 1.34(a).  
 Registration number if acting under 37 CFR 1.34(a). 39,731.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

October 3, 2005

Date

(609) 734-6816

Telephone Number

Signature  
JOSEPH J. KOLODKA

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FREE TRANSMITTAL**  
**for FY 2005**

 Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)

450.00

Complete if Known	
Application Number	10/007,864
Filing Date	November 8, 2001
First Named Inventor	Robert Alan Pitsch
Examiner Name	Daniel Swerdlow
Art Unit	2644
Attorney Docket No.	PU010250

**METHOD OF PAYMENT (check all that apply)**
 Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_
**Customer Number 24498**
 Deposit Account: **Deposit Account Number 07-0832** Deposit Account Name: **THOMSON LICENSING INC.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>	
	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity****Fee (\$)** **Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

**Total Claims**

<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP = <b>0</b>	<b>\$50</b>	<b>0</b>

**Multiple Dependent Claims****Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

**Independent Claims**

<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 4(HP) = <b>0</b>	<b>\$200</b>	<b>0</b>

**Fee (\$)** **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

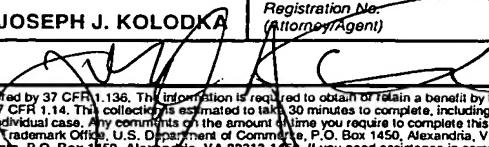
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x	=	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**Other (e.g., late filing surcharge):**FEES FOR TWO MONTH EXTENSION OF TIME****\$450.00****SUBMITTED BY**

Name (Print/Type)	JOSEPH J. KOLODKA	Registration No. (Attorney/Agent)	39,731	Telephone	(609) 734-6816
Signature					October 3, 2005

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